

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10-753-8415

FILING DATE

01-08-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6	1					
7	1					
8	1					
9		1				
10		1				
11	1					
12		1				
13	1					
14	1					
15	1					
16		1				
17	1					
18	1					
19	1					
20	1					
21	1					
22		1				
23		1				
24	1					
25		1				
26		1				
27	1					
28	1					
29	1					
30	1					
31		1				
32	1					
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43	1					
44		1				
45	1					
46	1					
47		1				
48		1				
49	1					
50	1					
TOTAL IND.	45		30		75	
TOTAL DEP.	30		30		60	
TOTAL CLAIMS	75		60		135	

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54	1					
55	1					
56	1					
57	1					
58		1				
59		1				
60	1					
61	1					
62		1				
63	1					
64		1				
65	1					
66	1					
67	1					
68	1					
69	1					
70		1				
71	1					
72	1					
73	1					
74	1					
75	1					
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	45		30		75	
TOTAL DEP.	30		30		60	
TOTAL CLAIMS	75		60		135	